

## Appendix 10

### McKesson ClaimCheck®

#### McKesson ClaimCheck® Monitors Medicaid Policy

Wisconsin Medicaid monitors claims for compliance with Medicaid reimbursement policy using an automated procedure coding review software known as McKesson ClaimCheck®. This software reviews claims submitted to Wisconsin Medicaid for billing inconsistencies and errors with respect to Physicians' *Current Procedural Terminology* (CPT) codes.

ClaimCheck review may affect claims in one of the following ways:

1. The claim is unchanged by the review.
2. The procedure codes are rebundled into one or more appropriate codes.
3. One or more of the codes is denied as incidental/integral or mutually exclusive.

ClaimCheck monitors the following Medicaid policy areas:

1. Unbundling (code splitting).
2. Incidental/integral procedures.
3. Mutually exclusive procedures.

#### Unbundling (Code Splitting)

Unbundling occurs when two or more CPT codes are used to describe a procedure that may be better described by a single, more comprehensive code. ClaimCheck considers the single, most appropriate code for reimbursement when unbundling is detected.

If a provider bills certain procedure codes separately, ClaimCheck rebundles them into the single, most appropriate panel. For example, if the provider bills two procedure codes for layer closure of wounds, 12.6 cm to 20.0 cm and 20.1 cm to 30.0 cm (procedure codes 12035 and 12036), ClaimCheck rebundles them to layer closure of wounds over 30.0 cm (procedure code 12037).

ClaimCheck totals billed amounts for individual procedures. For example, if the provider bills three procedures at \$20, \$30, and \$25, ClaimCheck rebundles them into a single procedure code, adds the three amounts, and calculates the billed amount for that rebundled code at \$75. However, Wisconsin Medicaid reimburses the provider either the lesser of the billed amount or the maximum allowable fee for that procedure code.

#### Incidental/Integral Procedures

Incidental procedures are those procedures performed at the same time as a more complex primary procedure. They require few additional physician resources and are generally not considered necessary to the performance of the primary procedure. For example, the removal of an asymptomatic appendix is considered an incidental procedure when done during hysterectomy surgery.

Integral procedures are those procedures performed as part of a more complex primary procedure. For example, when a recipient undergoes a transurethral incision of the prostate (procedure code 52000), the cystourethroscopy is considered integral to the performance of the prostate procedure.

When a procedure is either incidental or integral to a major procedure, ClaimCheck considers only the *primary* procedure for reimbursement.

#### Mutually Exclusive Procedures

Mutually exclusive procedures are procedures that would not be performed on a single recipient during the same operative session or that use different codes to describe the same type of procedure.

For example, a vaginal hysterectomy (procedure code 58260) and a total abdominal hysterectomy (procedure code 58150) are mutually exclusive — either one or the other, but not both procedures, is performed.

When two or more procedures are mutually exclusive, Wisconsin Medicaid reimburses the procedure code with the highest provider-billed amount.

#### Why was Payment for a Service Denied by ClaimCheck?

Providers should follow these procedures if they are uncertain about why particular services on a claim were denied:

1. Review the Explanation of Benefits denial code included on the Remittance and Status Report for the specific reason for the denial.